

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005888	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/29/2015
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MATTOON REHAB & HCC

**2121 SOUTH NINTH
MATTOON, IL 61938**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE
01/13/16

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005888	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/29/2015
NAME OF PROVIDER OR SUPPLIER MATTOON REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 SOUTH NINTH MATTOON, IL 61938		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to assess and document the condition of surgical wounds and update the physician on signs and symptoms of infection for one of three residents (R1) reviewed for wound care in a sample of four. This failure resulted in re-hospitalization for treatment of a Methicillin-Resistant Staphylococcus Aureus (MRSA) wound infection requiring intravenous antibiotics and multiple surgical interventions.</p> <p>Findings include:</p> <p>The Wound Assessment Policy dated August 2015 documents, "It is the policy of the facility to assess each wound initially either at the time of admission or at the time the wound is identified. Each wound will be assessed weekly thereafter or with any significant noted change in the wound. Assessment and documentation should include..... anatomic location, size, drainage, pain, periwound skin conditions, and odor."</p> <p>The Daily Skilled Nurse's Note dated 12/7/15 at</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005888	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/29/2015
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

MATTOON REHAB & HCC

STREET ADDRESS, CITY, STATE, ZIP CODE

**2121 SOUTH NINTH
MATTOON, IL 61938**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>6:15 PM documents R1 was admitted with three surgical wounds. One incision site was on her right great toe, the second on her right groin, and the third to her right thigh.</p> <p>The Nurses Note dated 12/6/15 at 3:44 PM documents E6 Registered Nurse (RN) observed the right groin incision to be red, macerated to the medial portion of the incision, and draining serosanguinous fluid. There were no other documented wound assessments regarding R1's surgical wounds for the entire duration of her stay at the facility.</p> <p>On 12/24/15 at 11:00 AM, E6 Registered Nurse (RN) stated she did not notify R1's physician concerning the abnormal wound assessment she observed on 12/6/15. E6 stated she was in training and believed her precepting nurse (E7 Licensed Practical Nurse LPN) notified R1's physician.</p> <p>On 12/24/15 at 11:45 AM, E7 LPN stated she had "dropped the ball" and forgot to notify R1's physician of the abnormal wound assessment observed on 12/6/15.</p> <p>On 12/24/15 at 11:55 AM, E2 Director of Nurses stated R1's physician should have been notified by nursing staff with regards to the abnormal wound assessment observed and documented on 12/6/15. E2 stated her expectation is that nursing staff assess and document wound observations. E2 stated the assessment and documentation should be detailed and include descriptive's that give a complete picture as to what the wound looks like.</p> <p>Hospital admission records acquired on 12/23/15 document R1 was admitted to the hospital on</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005888	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/29/2015
NAME OF PROVIDER OR SUPPLIER MATTOON REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 2121 SOUTH NINTH MATTOON, IL 61938		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Continued From page 3</p> <p>12/17/15 and diagnosed with a right groin wound infection requiring intravenous antibiotics and multiple surgical interventions.</p> <p>On 12/29/15 at 2:08 PM Z2 Physician stated if he would have received more complete and accurate information from facility nursing staff regarding R1's wounds, R1 could have been treated earlier and possibly avoided R1's hospitalization.</p> <p>On 12/29/15 at 3:00 PM Z3 Vascular Surgeon stated the facility staff could be held 75% responsible for R1's right groin wound infection. Z3 stated if the facility would have been assessing the wound and would have notified him of the abnormal wound assessment on 12/6/15, the issue could have been addressed and any infection could have been treated at an earlier time, possibly avoiding the now needed surgical intervention and hospital admission.</p> <p>(B)</p>	S9999			